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# MEDICAID MEMO

**TO:** All Providers of Behavioral Health Services

**FROM:** Cynthia B. Jones, Director  
Department of Medical Assistance Services (DMAS)

**MEMO:** Special

**DATE:** 3/6/2015

**SUBJECT:** Clarifications to the EPSDT Behavioral Therapy Manual

The purpose of this memo is to inform you of a clarification to the Early Periodic Screening Diagnosis and Treatment (EPSDT) manual on the Behavioral Therapy Program. This memo is a follow up to the December 5, 2014 memo and manual update. This memo also updates the Behavioral Therapy assessment unit from a 15 minute unit to a one (1) hour unit, effective April 1, 2015. The EPSDT Behavioral Therapy manual will be updated to reflect the changes as noted in this memo.

EPSDT Behavioral Therapy includes systematic interventions provided by Department of Health Professions licensed practitioners within their scope of professional practice as defined under state law or regulations. These services are covered as remedial care under 42 CFR 440.130(d) to individuals younger than 21 years of age who have a medical need for behavioral therapy and who meet eligibility criteria as further described in EPSDT Behavioral Therapy manual.

Please note that EPSDT Behavioral Therapy is not an autism specific or Applied Behavior Analysis (ABA) specific service. EPSDT Behavioral Therapy services are designed to enhance communication skills and decrease maladaptive patterns of behavior which, if left untreated, could lead to more complex problems and the need for a greater or a more restrictive level of care. The service goal for EPSDT Behavioral Therapy is to ensure the individual's family is trained to effectively manage the individual's behavior in the home using behavioral modification strategies.

DMAS is clarifying the provider requirements for EPSDT Behavioral Therapy services. Providers must continue to meet the requirements under the scope of the applicable Virginia Health Professions Regulatory Board. Additions to the policy are as noted below.

Agencies or group practices may enroll directly with the DMAS contracted Behavioral Health Services Administrator (BHSA) as long as they have an above licensed staff professional providing clinical supervision and overseeing the program. DMAS is reviewing the administrative structure for agency and group practices who are enrolled providers for EPSDT Behavioral Therapy. DMAS will issue a memo if there are changes for the enrollment process of agencies. Magellan is the current BHSA for Virginia.

Providers of EPSDT Behavioral Therapy must contact the BHSA regarding contract and credentialing requirements. Each provider of services must be enrolled with the BHSA prior to billing for any EPSDT Behavioral Therapy service provided to DMAS program members. Providers are responsible for adhering to this memo as well as the EPSDT Behavioral Therapy manual, available on the DMAS website portal, their BHSA provider contract and policies, and related state and federal regulations. EPSDT

Behavioral Therapy services for children who are enrolled in Medicaid Managed Care Organization (MCO) must be service authorized and billed through the BHSA and not through the MCO. Children enrolled in a FAMIS MCO are not eligible for EPSDT Behavioral Therapy.

Provider Requirements of EPSDT Behavioral Therapy:

The following types of providers are eligible to provide EPSDT Behavioral Therapy:

- **Licensed providers:**

- An Licensed Mental Health Practitioner (LMHP) as defined in 12VAC30-50-130 as a physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, licensed marriage and family therapist, or a certified psychiatric clinical nurse specialist; or
- A Licensed Behavior Analyst (LBA) meeting all requirements established by the Virginia Board of Medicine in 18VAC85-150-10 et seq.; or
- A Licensed Assistant Behavior Analyst (LABA).

Note: An LMHP completing requirements for the certification by the Behavior Analyst Certification Board is still required to act within the scope of their practice as defined by the applicable Virginia Health Regulatory Board.

- **Unlicensed providers under supervision for licensure:**

- An LMHP-resident; or
- An LMHP-resident in psychology; or
- An LMHP-supervisee in social work.

Clarification of Unlicensed Personnel:

Other staff who are unlicensed and not working towards licensure which has been approved by the applicable Virginia Health Regulatory Board, may assist the providers noted above in the provision of EPSDT Behavioral Therapy. Tasks performed by these unlicensed personnel cannot constitute the practice of behavior analysis, counseling, social work or psychology, as defined by the applicable Virginia Health Regulatory Boards.

Unlicensed personnel must be supervised by an LBA, LABA, LMHP, LMHP-resident, LMHP-resident in psychology, or an LMHP-supervisee in social work practicing under the scope of their practice as defined by the applicable Virginia Health Regulatory Board.

An LMHP-resident, LMHP-resident in psychology, or an LMHP-supervisee in social work may provide **administrative supervision only**. They may not provide clinical supervision in accordance to the applicable Virginia Health Regulatory Board. Please note that time spent supervising unlicensed personnel performing administrative services may not be counted towards the practitioner's client contact

requirements for licensure. Practitioners should contact the applicable Virginia Health Regulatory Board with any questions regarding licensure.

Providers may be subject for retraction if required supervision does not take place.

Definitions:

“Licensed Behavior Analyst” or “LBA” means an individual who is licensed as a Behavior Analyst by the Virginia Board of Medicine as defined in 18VAC85-150-10 et seq.

“Licensed Assistant Behavior Analyst” or “LABA” means an individual who is licensed as an Assistant Behavior Analyst by the Virginia Board of Medicine as defined in 18VAC85-150-10 et seq.

“Licensed Mental Health Professional” or “LMHP” means a licensed physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, licensed marriage and family therapist, or a certified psychiatric clinical nurse specialist (12VAC30-50-130).

“LMHP-resident in counseling” or “LMHP-R” means the same as “resident” as defined in (i) 18VAC115-20-10 for licensed professional counselors; (ii) “LMHP-resident in marriage & family therapy” 18VAC115-50-10 for licensed marriage and family therapists; or (iii) “LMHP-resident in substance abuse treatment” 18VAC115-60-10 for licensed substance abuse treatment practitioners. An LMHP-resident shall be in continuous compliance with the regulatory requirements of the applicable counseling profession for supervised practice and shall not perform the functions of the LMHP-R or be considered a “resident” until the supervision for specific clinical duties at a specific site has been approved in writing by the Virginia Board of Counseling. For purposes of Medicaid reimbursement to their supervisors for services provided by such residents, they shall use the title “Resident in Counseling”, “Resident in Marriage & Family Therapy” or “Resident in Substance Abuse Treatment” in connection with the applicable profession after their signatures to indicate such status.

“LMHP-resident in psychology” or “LMHP-RP” means the same as an individual in a residency, as that term is defined in 18VAC125-20-10, program for clinical psychologists. An LMHP-resident in psychology shall be in continuous compliance with the regulatory requirements for supervised experience as found in 18VAC125-20-65 and shall not perform the functions of the LMHP-RP or be considered a “resident” until the supervision for specific clinical duties at a specific site has been approved in writing by the Virginia Board of Psychology. For purposes of Medicaid reimbursement by supervisors for services provided by such residents, they shall use the title “Resident in Psychology” after their signatures to indicate such status.

“LMHP-supervisee in social work,” “LMHP-supervisee,” or “LMHP-S” means the same as “supervisee” as defined in 18VAC140-20-10 for licensed clinical social workers. An LMHP-supervisee in social work shall be in continuous compliance with the regulatory requirements for supervised practice as found in 18VAC140-20-50 and shall not perform the functions of the LMHP-S or be considered a “supervisee” until the supervision for specific clinical duties at a specific site is approved in writing by the Virginia Board of Social Work. For purposes of Medicaid reimbursement to their supervisors for services provided by supervisees, these persons shall use the title “Supervisee in Social Work” after their signatures to indicate such status.

### Assessments Units and Limits

Providers bill for the initial assessment under service code H0032 with a UA modifier. There is a limit of two assessments per member per provider per year. A year is defined as the time period between July 1 and June 30 of the following year. Effective April 1, 2015, the assessment units are billed in one hour increments and there is a limit of 5 units per assessment. Initial assessments do not require service authorization. Only initial assessments and assessments performed after an interruption in services greater than 30 consecutive calendar days are billed under service code H0032 UA. Subsequent reassessments during service provision are billed as part of service code H2033 which requires service authorization.

EPSDT Behavioral Therapy must be service authorized prior to the provision of services. For procedure codes and descriptions, refer to the fee chart listed below.

### **EPSDT Behavioral Therapy Services Reimbursement Table**

<b>Service</b>	<b>Code</b>	<b>Reimbursement</b>
EPSDT Behavioral Therapy Assessment	H0032 UA	\$15.00/15 minute unit Limit of 20 units per assessment. Two assessments per provider per calendar year  Effective April 1, 2015: \$60.00/1 hour unit Limit of 5 units per assessment per provider per calendar year
EPSDT Behavioral Therapy	H2033	\$15.00/15 minute unit

### **MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Service Administrator)**

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting [www.MagellanHealth.com/Provider](http://www.MagellanHealth.com/Provider). If you have any questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4536 or by visiting [www.magellanofvirginia.com](http://www.magellanofvirginia.com) or submitting questions to [VAProviderQuestions@MagellanHealth.com](mailto:VAProviderQuestions@MagellanHealth.com).

### **MANAGED CARE ORGANIZATIONS**

Many Medicaid recipients are enrolled with one of the Department's contracted Managed Care Organizations (MCO). In order to be reimbursed for services provided to an MCO enrolled individual, providers must follow their respective contract with the MCO. The MCO may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the MCO directly. Additional information about the Medicaid MCO program can be found at <http://www.dmas.virginia.gov/Content/pgs/mc-home.aspx>.

### **VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Xerox State Healthcare Web Portal Support Helpdesk, toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.